## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-019982

DO NOT WRITE		AMEN	DED	ı	Re		Prin	iary Registratio	n District No. 10	Registrar's No	25/		THE HOMBER	
ON THIS STUB				_	_	PLACE OF DEATH	MAY 2 0 1963	<u> </u>		[ 2. USUAL RESIDE	NCE (Where dec	eased ((ved. If insti	tution: Residence bel	fore
vs 300	ما	l I	1	1	••	a. COUNTY	JACKSON			a. STATE KA	NISAS 6. CC	OUNTY WYANDO	admission)	ı
Rev. 4/59			ľ		_	b. CITY (if outside co	rporate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY			Inside Limit	ts
İ	AMENDED	i I				TOWN KA	NSAS CITY		5 days	OR TOWN K	ANSAS CI	<b>7</b> • <b>V</b>	Yes 🙀 No	
1	₹			1	_		NOT in hospital, give loca	tion)	Inside Limits	d. STREET		cutside, give locatio		
28150	DATE	1 1	1			HOSPITAL OR T	RINTY LUTHERA	N HOSPI	TAL Yes No D	ADDRESS 2	32 Eaton		Yes No	<b>D</b>
	<u>ja</u>	$oxed{oxed}$	↓_		=					<u> </u>	<del></del>			<u> </u>
3.	-	}	1		3	(Type or print)	First ALFRI		Middle	Lest	4. DATE OF	Month	Day Year	
40									MARTIN BUST		DEATH	May 2, 19	1 YEAR IF UNDER 2	IA LID
	1					s. sex male	6. COLOR OR RACE	7. Married Widowed		8. DATE OF BIRTH	9. AGE (IBB)	Months 2	Days Hours /	Min.
5 👨	-				_		(Give kind of work done		BUSINESS OR INDUSTR		(City and state or		ZT   ZEN OF WHAT COUNT	RY
6	જ	1	\		<b>پ.</b>	during most of working	ng life, even if retired)			K.C.Mo		USA	•	
	FOLLOWS	1			13	infant a. FATHER'S NAME	<del>-</del>	136. /	MOTHER'S MAIDEN NAM			IAME OF HUSBAND C	OR WIFE	
7 0	ਰ⊦						Bustamante	ه ا	felia Hernar	ndes	"	one	•	
9 / I					15		IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.			Address		
	¥ S		ł			'es, nö, or unknown) (If DO	yes, give war or dates of	servic		G.M. Bust	amante 23	32 Eaton E		
9020	ARE	1 1		5	i	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	line					INTERVAL BETWO	EEN ATH
10 2 / 1	- 1			Š		raki ta	IMMEDIATE CAUSE (	Ģ	ub-dural Hen	notoma			5 wks	
11815	RECORD FAD OF			DOCUMENT	l		managinal and a	' ——			·			
10/0	FA RC			8			ons, if any,   DUE TO (	b)			·			
12683	S 15					above	ave rise to cause (a).						- [	
13	芦芦	+ +	╁	1		stating t lying c	the under- ) ause last.   DUE TO (				<u> </u>		<del></del>	
	징	1 1	ł	1	중	PART II	. OTHER SIGNIFICANT O	ONDITIONS C	ONTRIBUTING TO DEA	TH but not related t	to the terminal		ceased was female pregnancy in last 90	
I					¥		disease condition diven	HI FAKI 7 (=)	,		•	☐ Yes	□ No □ Uni	known
·	副				띪	10 MAS AUTOPSY	20a. ACCUDENT SUICIE	F HOMICIDI	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature o	f injury in PART I or	PART II of item 18.)	
	AMENDMENTS					19. WAS AUTOPSY PERFORMED? YES NO			ł	ed by Fath				
- 23 <b>-</b>	副		ļ	ļ	3	20c. TIME OF Hou	Month, Day, Year	<u> </u>		ed by rate	GL OT DAT	o <b>y</b>		—
RIBBON	₹	11			MEDIC	INJURY a.m.	Wan La		-	•				
					[₹	204 INTURY OCCURR	ED 20e. PLACE	OF INJURY (a	.g., in or about home, office bldg.; etc.)	20f. CITY, TOWN, C	R LOCATION	COUNT	Y STA	TE
_ <u>~</u>			١,	1		WHILE AT WORK	(☐ farm, WORK 5 h.c	tactory, street, ITLO	Office blog., erc.)	Kansas Ci	.t <del>y</del>	Wy	Kansas	
BLACK INK OR RITER RIBBO	READ				ရွ				to		nd last saw her	dive on		
· 30 F	E	1			üeı	21. I attended the de		11:30A					om the causes stated.	
USE PEWI	멸				₫	Death occurred a		gree or title)		22b. ADDRESS	-		22c. DATE S	IGNED
USE BLAC OR TYPEWRITER	SHOULD	11		Ö		220. SIGNATURE	(7) a 1 "				se K.C.	Mo.	5/3/63	,
. F				Ş	7	O BURNEY CHARTINA	123b. DATE	23c. NA/	Coroner	EMATORY	23d. LOCATION	(City, town, or coun	ity) (State)	
·	Ŏ.			FIDA	9	3a. BUDGLL, CREMATION REGOVAL (Specify)	E /4 /02			_ I				
	Z			AFF	Ξ,	removal	5/4/63 AD	DRESS	Calvary	TE RECD. BY LOCAL	REG. 26. REG	STOR'S SIGNATURE	. 0	
	ITEM			À		JOS. A. B	UTLER'S SONS	K.C.K		5-3.63		1 with	dong	<u></u>
	I I	i 1	ı		i _			. (L	icensed Embalmer's State	ement on Reverse Side	-)	•	<b>₹</b>	•

TATEMENT DV LICENCER EMBALMED

skind under my	personal supervision.	,		, Student Embalme	-
•			00	y Louders	0 11 :
dent <del>==</del>	Signature of Student Embalmer	<u> </u>	gned	y douders	ach.
	• •.	: .		Licensed Embaimer No.	5027
••	្ត <b>្ន</b> ់ ត្រូកទៀ		र प्रति	P. O. Address Kana	as City
Note: The	above MUST BE SIGNED	S RY THE LICENSED	EAADALAAED in his	OWN HANDWRITING	(Esilure to come